

May 14, 2013

Stephen M. Cutler  
General Counsel  
Legal Department  
JP Morgan Chase Bank, N.A.  
New York, NY 10017

Dear Sir,

It appears that we are failing to make any progress regarding the issue referenced in the attached documents. As beneficiaries of a modest account set up by our late mother many years ago, we expected that the account would continue to grow at the same rate based on the documentation that we received from our father. For some reason, your company is unwilling to pay the agreed upon rate without having or at least providing any documentation to the contrary, although it has been requested on multiple occasions.

We would like you to contact us with a resolution to the problem within the next thirty (30) days or we will have no alternative but to contact the government agencies who have dealt with this issue in the past as evidenced by the attached letter.

We look forward to hearing from you.

Sincerely,

Haim Chasman  
548 Cumberland Street  
Englewood, NJ 07631  
917-562-5664  
[haimchasman@gmail.com](mailto:haimchasman@gmail.com)

cc: David Chasman  
Sita Govindan- Operations Manager  
Chase Retirement Services



# Traditional IRA Application and Agreement

Participant Name/Address

ROSE ANN CHASHAN  
 2604 W. JARVIS  
 CHICAGO IL 60645

Name of Custodian

BANK ONE

Type of Plan

Plan ID #

TRADITIONAL IRA 873300

Branch Name and Number

Taxpayer ID #

Date of Birth

355-30-6310

9/27/38

Primary Beneficiary Name(s)

Address

Relationship

Taxpayer ID #

Birthdate

%

DAVID CHASHAN 2604 W. JARVIS

SON 015-40-4677 3/8/69 50%

HAIM CHASHAN 2604 W. JARVIS

SON 336-72-6472 12/25/69 50%

Contingent Beneficiary Name(s)

Address

Relationship

Taxpayer ID #

Birthdate

%

MY SIGNATURE DOES NOT CONSTITUTE A PERMISSION TO CHANGE INTEREST RATES OR FEES. SOMETIME BEFORE THE YEAR FOLLOWING THE YEAR THAT I TURN 70½, MY ACCOUNTANT WILL INFORM YOU OF THE WITHDRAWAL SCHEDULE FOR THIS IRA. (SEE ENCLOSED LETTER.)

Unless otherwise indicated above, the benefits payable hereunder shall be paid in equal shares to the Primary Beneficiary(ies) who survive the Participant. If no Primary Beneficiary(ies) survive the Participant, the payment shall be made in equal shares (or as otherwise indicated above) to the Contingent Beneficiary(ies) who survive the Participant. If all beneficiaries, Primary or Contingent, do not claim their benefits at the same time, funds will be distributed to those who are present according to their entitlement. The shares for the remaining beneficiaries will reside in the Participant's Traditional IRA until they claim their benefits. At which time, funds will be distributed as indicated above, including accrued interest. The Participant reserves the right to change the above Beneficiary(ies) by filing a new Traditional IRA Designation or Change of Beneficiary form with the Custodian.

## AGREEMENT TO PARTICIPATE

Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate in the Traditional Individual Retirement Account Plan offered by the Custodian. I acknowledge receipt of a copy of the plan document and Custodial Agreement under which this Traditional Individual Retirement Account Plan is established, a copy of this Application and Agreement to Participate, and a copy of the Disclosure Statement with respect to this Traditional Individual Retirement Account Plan. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirement of Sec. 1.402 (a) (5)-1T of the IRS regulations, to treat this contribution as a rollover contribution.

**Spousal Consent:** I certify I am the spouse of the participant named above. I approve and consent to the naming of a beneficiary other than myself. I transmute (transfer) any community property interest I have in this Traditional IRA into the separate property of my spouse.

Rose Ann Chashan 10/30/19  
 Spousal Signature\* Date

\*(If a beneficiary other than a spouse is named and if the spouse's signature is required by state law.)

**Revocation of Agreement:** Should you choose to revoke your plan at any time on or before the seventh day after you establish the plan, Bank One will refund your contribution in full. In order to effect a timely revocation, we must be notified in writing no later than the seventh day after the plan has been opened. (See section in the Traditional Individual Retirement Account Plan and Custodial Agreement; Revoking Your Plan.)

Revocation in accordance with the Disclosure Statement should be mailed or delivered to:

Contact Person's Name, Address and Telephone

x Rose Ann Chashan 10/30/19  
 Signature of Participant Date

Authorized Signature of Custodian

Date



---

Comptroller of the Currency  
Administrator of National Banks

---

Central District  
One Financial Place, Suite 2700  
440 South LaSalle Street  
Chicago, Illinois 60605

May 31, 1988

Richard Chasman  
6300 North Whipple  
Chicago, IL 60659

RE: First National Bank of Chicago  
Chicago, IL  
#376622

Dear Mr. Chasman:

This is in response to your letter concerning the referenced bank. We have received a copy of a letter from Manager, Ivey Steinberg of the bank addressed to you in response to your complaint.

We have been advised that the matter addressed in your letter has been settled. We trust that this meets with your satisfaction and we are pleased to have been of some assistance. Any questions regarding this matter should be directed to the Consumer Complaint Specialist.

Very truly yours,

*Kathryn S. Metcalf*

Kathryn S. Metcalf  
National Bank Examiner